

# Hazardous Materials Training Course Notification

1. Course Number (leave blank): \_\_\_\_\_

2. Please **Circle** the Appropriate Course Type:

FRA	FRA Refresher	FRA WMD	Gen. Site Wrk.	A	B	C	D	F	G
FRO	FRO Refresher	FRO WMD	Limited Task Wrk.	Tech./Spec. Ref.					
Inc. Comm.	IC Refresher	I.C. WMD		INV					
MDecon	Tech. Ind. (40hr.)	Other: (Title) _____		HCA-D		ASO			
FRO-Decon	Tech. Ind. (24hr.)	_____		HCO-D		T/S-WMD			
FRO HM/WMD Law									

3. Course Dates: \_\_\_\_\_

4. Course Start-End Time: \_\_\_\_\_ 5. Total Course Hours: \_\_\_\_\_

6. Course Address (**Agency**, Street, Rm. #, City): \_\_\_\_\_  
\_\_\_\_\_

7. C.S.T.I. Certified Course Manager's Name: \_\_\_\_\_

8. C.S.T.I. Certified Course Manager's Certificate Number: \_\_\_\_\_

9. Course Manager's Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Billing Information- Submit after class**

Submit check or credit card info. with  
final class paperwork. (No P.O's).

10. Course Manager's Work #: \_\_\_\_/\_\_\_\_ Home #: \_\_\_\_/\_\_\_\_

11. FAX Number (if any): \_\_\_\_/\_\_\_\_ 12. E-mail: \_\_\_\_\_

13. List **annual** exam that you have in hand: Year \_\_\_\_\_ A\_\_\_\_ B\_\_\_\_  
**\*(If you list an outdated annual exam, or CD a current one will be mailed to your home address.)**

14. **USE MOST CURRENT Notebook, POI from Web. Or CD: \* LIST YEAR ON YOUR CD\*** Year \_\_\_\_\_

NOTE: If you leave this blank, your class will not be listed on the web.

☐ I give CSTI permission to post my class information on the web.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

This course notification to CSTI constitutes an agreement between the above-indicated Course Manager and the State of California to conduct the above-indicated course in accordance with the minimum hours, performance objectives, course content, and procedures designated in Title 19, California Code of Regulations, Chapter 1, SubChapter 2, Sections 2510-2560.

**Please fill out this form and mail it or Fax it ATTN: Susan Kocher. Please submit all information to CSTI 6 weeks prior to class.**

**Address and phone: If mailing this form, please mail to: CSTI, Attn: Susan Speer Kocher, P.O. Box 8123, San Luis Obispo, CA 93403-8123. Phone: Susan @ 805/549-3534. FAX: 805/549-3555.**

**[Susan.Kocher@oes.ca.gov](mailto:Susan.Kocher@oes.ca.gov)**. The Course Manager is required to submit to CSTI, no later than 6 weeks following completion of above indicated course, the following materials: 1) **Course Roster Form (HM150)**, 2) **Student Evaluation Form (HM140)**, 1/ea. **person in class**, 3) **Course Manager Evaluation Form (HM160)** (optional), 4) **Course Schedule (HM130 or HM 130 R)**, 5) **Course Processing Fee**.

**For CSTI Use Only:**

Notification Received: \_\_\_\_\_ FAX: \_\_\_\_ Tel.: \_\_\_\_ Mailed: \_\_\_\_\_

Paperwork Received at CSTI: \_\_\_\_\_, Closed \_\_\_\_\_

